

**SOUTH DAKOTA COUNCIL
ON DEVELOPMENTAL DISABILITIES**

**FIVE-YEAR STATE PLAN
FFY 2007-2011**

**Submitted to the Administration on Developmental Disabilities
On August 15, 2006**

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**Hillsview Plaza, E. Hwy 34, c/o 500 E Capitol
Pierre, SD 57501-5070**

**Phone: 605-773-6369
TTD: 605-773-5990
Toll Free: 1-800-265-9684
FAX: 605-773-5483**

**WEB ADDRESS: www.dhs.sd.gov/ddc
Email Address: infoDDC@state.sd.us**

**Travis Arneson, Chairperson
Arlene Poncelet, Executive Director**

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SECTION I COUNCIL IDENTIFICATION

A. State Plan Period: Beginning: October 1, 2006 through September 30, 2011

B. Contact Person: Arlene Poncelet, Executive Director
Phone Number: 605-773-6369

C. Council Establishment:

- (1) Date of Establishment: 12/1/1973
(2) Authorization: _____ State Statute _____ Executive Order _X_
(3) Authorization Citation: Executive Order 2001-09

D. Council Membership

Council Membership Category Codes:

Agency/Organizational Representatives

A1 = Rehab Act
A2 = IDEA
A3 = Older Americans Act
A4 = SSA, Title XIX
A5 = P & A
A6 = University Center(s)
A7 = NGO/Local
A8 = SSA, Title V
A9 = Other

Citizen Member Representatives

B1 = Individual with DD
B2 = Parent/Guardian of child
B3 = Immediate Relative/Guardian of adult with mental impairment
C1 = Individual now/ever in institution
C2 = Immediate relative/guardian of individual in institution

#	Last Name	First Name	Agency Org. Code	Agency/ Org. Name	Appt Date	Appt Expired Date	Alt/Proxy Name	Term Number
1	Kickul	Grady	A1	Division of Rehabilitation Services	9/5/01	Pleasure of the Governor		
2	Larsen	Ann	A2	Office of Special Education	9/15/05	Pleasure of the Governor		
3	Bowman	Deborah	A3	Dept. of Social Services	9/15/05	Pleasure of the Governor	Patricia Monson	

4	Bowman	Deborah	A4	Dept. of Social Services	9/15/05	Pleasure of the Governor	Patricia Monson	
5	Kean	Robert	A5	SD Advocacy Services	1/3/86	Pleasure of the Governor		
6	Struck	Judy	A6	Center for Disabilities	7/14/92	Pleasure of the Governor		
7	Carlson	Rebecca	A7	Community Service Provider	6/23/08	6/30/11		
8	Hollingsworth	Doneen	A8	Dept of Health	5/2/91	Pleasure of the Governor	Kayla Tinker	
9	Vacant		A9	Division of Developmental Disabilities		Pleasure of the Governor	Carol Ruen	
10	Williams	Ted	A9	SD Developmental Center	1/22/03	Pleasure of the Governor		
11	Arneson	Travis	B1		9/5/01	6/30/10		3
12	Roan Eagle	Cindy	B1		6/23/08	6/30/11		1
13	Haug	Dillon	B1		7/13/04	6/30/10		2
14	Short Bull	Georgene	B1		7/13/04	6/30/10		2
15	Day	Vikki	B2		1/22/03	6/30/11		3
16	Carda	Sarah	B2		8/15/06	6/30/09		1
17	Dirk	Shannon	B2		7/15/07	6/30/10		1
18	Curran	Deanne	B2		1/2/08	6/30/10		1
19	Trobaugh	Isabel	B3		1/22/03	6/30/10		3
20	Athey	Charlotte	B3		8/15/06	6/30/09		1
21	Werdel	Alexia	B3		1/22/03	6/30/11		3
22	Brubakken	Erik	C1		8/15/06	6/30/09		1
23	Harris	Jason	C2		9/5/01	6/30/09		3
24	Gustaf	Dee	B3		8/15/06	6/30/09		1

Council membership plan for compliance:

Through its designated state agency, the Council works with the Governor's Office to keep appointments up-to-date. Names are submitted to the Governor's Office for appointment or reappointment for those positions that become vacant or with expired terms.

Each spring the Council encourages people interested in Council membership to complete an Information Sheet providing contact information, interest level and availability to be a member.

Returned sheets are compiled and shared with the Designated State Agency who then forwards to the Governor's Office.

E. Council Staff

#	Position or Working Title	FT	PT	% PT	Last name of person in position	First name of person in position	MI
1	Executive Director	X			Poncelet	Arlene	M

SECTION II DESIGNATED STATE AGENCY

The Designated State Agency (DSA) is:

A. ☐ The Council

B. ☒ Other Agency.

Agency Name: Department of Human Services/Division of Developmental Disabilities (DHS/DDD)

State DSA Official's Name: Vacant, Director

Address: Hillview Plaza, E. Hwy 34, c/o 500 E. Capitol, Pierre, SD 57501

Phone: 605-773-3438

FAX: 605-773-7562

E-mail:

C. **Direct Services.**

If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities? ☐ No ☒ Yes

If yes, describe the general category of services it provides (e.g. Health, education, vocational, residential, etc.):

Contracts with individuals and community based service providers for residential, vocational, and home and community based waiver services. Staff administration of family support services and respite care programs.

D. **Does your Council have a Memorandum of Understanding/Agreement with your DSA?** ☐ No ☒ Yes

E. ***DSA Roles and Responsibilities related to the Council (e.g., administrative support): If DSA is other than the Council, describe.***

The DSA receives, accounts for and disburses funds, provides the required assurances, fiscal management, financial reporting; grant agreements, contracts and amendments for services and project activities; provides administrative support for Council meetings and office space.

F. ***Calendar Year Council or Agency was Designated as DSA:*** 1973

SECTION III STATE SERVICE SYSTEM AND TRENDS

A. Prevalence of Developmental Disabilities in the State

1. Estimated number of people with developmental disabilities estimated to live in the State:
7,017
2. How estimate was created:
 - a. ☐ National prevalence rate (Gollay, 1.8%)
 - b. ☒ Other. Please describe.

The estimate of the population with developmental disabilities is based on actual utilization numbers of services such as the developmental center, community based providers, nursing homes and special education child counts to give an estimate of the total current demand for services. However, this represents only 51.6% of the 13,587 estimate that would be derived by the application of the 1.8% prevalence rate.

Special Ed – MR	1218
Special Ed – Autism	435
Special Ed – TBI	63
Special Ed – Deaf/Blind	2
Special Ed – Multiple Disabilities	909
Special Ed – Other Health Impaired (1/4 of 1240)	310
HCBS Waiver – Adult & Child	2,270
CTS	291
Family Support	1,086
Adult Foster Care	11
PLANS	73
Guardianship (not counted as most would be receiving another service) - 186	
SD Developmental Center	165
Nursing Homes	184
TOTAL	7,017

B. Environmental Factors Affecting Services

Describe how economic, social, political and litigative factors affect persons with developmental disabilities and their families in the State.

Rural Nature of SD

South Dakota's demographics create a challenge in attempting to provide services to individuals with developmental disabilities. The state encompasses 77,000 square miles with a 2000 population of 754,844. South Dakota has only two cities of 50,000 or more people, Rapid City and Sioux Falls, on opposite ends of the state. Within SD there are 9 reservations or Nations. These are: Standing Rock, Cheyenne River, Pine Ridge, Rosebud, Lower Brule, Crow Creek, Yankton, Lake Traverse (Sisseton-Wahpeton) and Flandreau. Approximately 8.3% of SD's population is American Indian.

In SD, only 9 people on average inhabit each square mile compared to almost 80 for the nation. In low population densities, the cost of delivering services is greater, as distances for service delivery is significant. The rural nature of the state certainly impacts all citizens but does add to the access of services issue for people with developmental disabilities, particularly in the areas of transportation, proximity to services for evaluation and availability of services.

Economy

For the past several years, the State of SD has provided expansion dollars for additional family support programs (proven to be a cost efficient way to provide services to families with children and adults with developmental disabilities) and for costs associated with students who are entering the adult service system from the education system. These additional funds have allowed the Division of Developmental Disabilities to maintain a very low number of adults on any type of waiting list (in fact, most adults on the waiting list are receiving services but are wanting to move to another residential setting or area of the state).

The US Census Bureau estimated the median household income for SD in 1999 at \$35,982. In the 2004 Survey of South Dakotans with Disabilities, the median salary was below \$25,000 for 58.3% of the respondents.

Statistics from the SD Department of Labor show that as of June 2006, the labor force included 431,700 people with 12,800 of them unemployed for an unemployment rate of 3% compared to 5% nationally.

Political and Legislative

A developmental disability is defined as any severe, chronic disability that: 1) is attributable to a mental or physical impairment or combination of mental and physical impairments; 2) is manifested before the person attains age 22; 3) is likely to continue indefinitely; 4) results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and 5) reflects the person's need for an array of generic services, met through a system of individualized planning and supports over an extended time, including those of a life-long duration.

DHS is given broad authorities and responsibilities to fulfill the purposes of the statutes. The legislature was concerned with the rights of persons who would come into contact with the service delivery system and to ensure a focus on these issues, wove detailed rights statements and specific findings throughout the body of the law. DHS was given the control and supervision of the SD Developmental Center. The statutes detail how services may be requested, refused, and terminated. The legislation retained the county review board system to determine whether a person may be involuntarily forced to receive services.

Litigative

Litigation, administrative hearings and complaint processes in SD have had outcomes that resulted in changes in the service delivery system. The following are indicative:

- clarifying the right of a parent of a child with a disability to have full participation in all aspects of the education process including transportation;
- determining whether a person with traumatic brain injury has a right to receive appropriate services in a community based residential facility of choice as opposed to continuing to reside in a nursing home not of his choosing in a community some distance from family;
- insuring through a complaint and mediation process that a school district was found to be out of compliance regarding transportation and related services including therapy that were eventually provided by a school district to children whose Individual Education Plans were ignored;
- clarifying the reimbursement responsibilities of a school district where a parent placed a child into a private educational facility due to a lack of appropriate programs in the resident school district and keeping the child in the specialized placement;
- insuring eligibility of persons with developmental disabilities to receive SSI/SSDI entitlements.

C. The State Service System

Provide a summary of the results of the Councils review and analysis of the State service system for people with developmental disabilities. Include reference to relevant interagency initiatives and any specific eligibility barriers to services. Attempt to limit each field to one topic and provide a topic heading appropriate to your State.

Overall

The process of review and analysis of the state service system for people with developmental disabilities consists on ongoing input to the Council. This input included the areas of community based services, vocational rehabilitation, Medicaid and Medicare changes, maternal and child health, transportation, and education.

Council members and staff participate in workgroups, steering committees, advisory boards, summits and training institutes in which discussion and planning concerning various parts of the state service system for people with developmental disabilities (DD) are held. Examples include the Family Support Council, Native American Disability Summit, SD Alliance for Children, Youth Leadership Forum, and Task Force on Prevention of Fetal Alcohol Spectrum Disorders. Involvement in these workgroups and committees or updates at Council meetings provides the members with many opportunities to keep current on activities across the State that affect services and supports for people with developmental disabilities.

SD's developmental disabilities service system consists of 19 community based service providers who receive their primary funding through the Dept. of Human Services/Division of Developmental Disabilities. These are commonly referred to as Adjustment Training Centers (ATCs). The ATCs provide services to over 2,000 people with developmental disabilities in a variety of settings. In addition, SD has one institution serving people with developmental disabilities, the SD Developmental Center (SDDC). Admissions to community-based providers

and the Developmental Center are handled by the DHS/Division of Developmental Disabilities allowing for the least restrictive placement possible for the person.

SD Developmental Center (SDDC)

SDDC's mission statement has changed to better reflect the Center's philosophy and services. The mission is to provide individualized services to persons with developmental disabilities and challenging behaviors in a structured residential setting only when appropriate services are not available in the community and to develop supports that empower people to make appropriate life choices so they may successfully transition to the community.

Given the belief that all persons with developmental disabilities have the capacity for growth and development, the philosophy of the SDDC is

- To provide service that promotes independence and instills a sense of self-determination and well being;
- To use the most positive and least restrictive procedures when teaching individuals appropriate interactions;
- To incorporate normalization into people's activities by making available commonly accepted conditions of everyday life;
- To work cooperatively with the person, family, guardian, conservator, and/or advocate in discussions and decisions that impact the person's life;
- To improve the quality, efficiency and effectiveness of services by developing and monitoring the attainment of annual goals and objectives.

The Center provides a wide variety of training and vocational opportunities both on and off campus. Recognized as an integral part of everyone's life, opportunities are provided for socialization and participation in recreational activities.

Currently 167 people with developmental disabilities ranging in age from 11 to 85 years old receive services at the SD Developmental Center. The facility has three programs that allow staff to provide appropriate services based on the people's needs. Their disabilities range from very mild developmental disability to severely profound. The population includes about 22 % Native American, 75% Caucasian, 1% Hispanic, 1% African-American, and 1% of Asian descent.

Approximately one-third of the population of the people at the Center have been diagnosed as having either severe or profound mental retardation and many also have severe physical limitations &/or complex medical conditions. Cognitive ability of nearly half of the population falls within the borderline range of intellectual functioning or mild range of mental retardation. The Turtle Creek Youth Program provides year-round educational & residential services for 40 adolescents under the age of 22, who need services for behavioral issues including but not limited to aggression, chemical dependency, sexual offending, and other serious emotional disturbances. Approximately 98% of all people living at the Center have co-occurring mental disorders.

Department of Education (DOE)

The Department of Education began a 2010 Education Initiative in January 2006. This series of specific goals and action plans is intended to improve the state's education system by the year

2010. The three major initiatives are Starting Strong (targets kids from age 3 to grade 3), Finishing Strong (focuses on the high school and postsecondary experience) and Staying Strong (targets teachers, Native American issues and financial resources). Highlights under these 3 major areas include: public funding for preschool services for 4-year olds; a laptop initiative that provides incentive money for school districts to initiate one-to-one laptop programs for high school students; and Teacher Compensation Assistance Program designed to assist school districts in enhancing teacher compensation.

During the 2005-06 school year, 12,529 Native American students were enrolled in public schools in SD (10% of the student population). In addition, 7,778 were enrolled in Bureau of Indian Affairs/tribal schools and non-public schools. The 2004-05 Progress Report provided at the SD Indian Education Summit provided the following information: two Summits have been held; an Indian Education Advisory Council representing all 9 tribes and Native American educators from all parts of the state meets 8-10 times a year to discuss topics such as education reform, retirement, distance education, etc.; an Indian Education Director was hired within DOE; and new accreditation guidelines for all schools in SD included options for Native American schools.

South Dakota's Accountability Plan serves as the framework for all No Child Left Behind (NCLB) efforts in the state. Each year the state produces a Report Card that outlines progress at the school, district and state level (available on the DOE website).

In the spring of 2004, seven Education Service Agencies (ESAs) were established to develop regional partnerships that provide leadership and services for enhancing the capacity of schools and communities to meet the needs of all learners. ESAs are designed to act as an "arm" of the state educational agency, delivering services to the local level directly, with the intent to impact the areas of reading and math for all students. Each school district is captured within one of the 7 regions.

The Head Start/State Collaboration Office is the central point of contact between Head Start programs and State agencies. Its purpose is to disseminate information about Head Start, assist in development of partnerships and interagency agreements for services and transitions from early childhood into the public schools and help build early childhood systems and access to comprehensive services for all low-income children. Head Start services are offered through 16 Head Start and 9 Early Head Start programs. The number of children enrolled in Head Start for 2005-06 was 4,758 with 850 determined to have a disability while 391 of those were determined to have a disability after enrollment. 807 students have an Individualized Education Plan (IEP) or Individualized Family Support Plan (IFSP) and 103 were receiving services under part C of IDEA.

DOE/Office of Educational Services and Support/Special Education Program

The Statistical Data Report for 2004-05 from the Department of Education (DOE) provides the following info: As of December 2004 there were 17,562 students (pre-K-grade 12) receiving special education services (up from 16,035 in 99-00). SD's special education enrollment was 14.2% of the total school enrollment.

Of the special education students, some of the disabling conditions counts were as follows (with the 99-00 number indicated by parenthesis): 1,218 indicated mental retardation (1,427), 435

indicated autism (193), 909 indicated multiple disabilities (634), 63 indicated traumatic brain injury (41) and 1,248 indicated developmental delay (1,139). A few of the placement category numbers are as follows: 9,541 in regular classrooms with modifications (9,141); 938 in self-contained classrooms (864); 3,904 in resource rooms (3,355) and 234 in day programs (182).

The DOE Advisory Panel for Children with Disabilities meets IDEA requirements for a Special Education Advisory Panel to provide suggestions and advice to the DOE on critical issues regarding special education services. The Panel's 2005/2006 Annual Report shared summaries of activities in relation to priorities such as keeping current on IDEA and reauthorization, Child Find, under-identification of students with emotional disturbances, and ensuring quality service providers are available. A few of the critical issues addressed by the Panel included the teacher certification system, special education endorsements, ESAs, Project ENRICH, the Navigator Project to provide simple conflict resolution at the local level, the new State Performance Plan and a re-write of the Eligibility Guide for Special Education. A note of interest is that at least 5 of the parent members of this Panel are graduates of the Partners in Policymaking Program funded by the Council and implemented by SD Advocacy Services.

Both IDEA Parts B and C of the DOE/SEP were monitored by the US Office of Special Education Program in 1999. DOE/SEP submitted an improvement plan and a State Improvement Grant to address the recommendations. The plan, called Project ENRICH, has 3 main goals: 1) create a system for coordinating and enriching the professional development of school personnel, early intervention providers, mentors, volunteers, parents, and others connected with the life and learning of children and young adults with disabilities; 2) improve the learning opportunities and achievement of children with disabilities; and 3) increase collaboration and linkages with other state and federal school improvement efforts as well as other agencies, services, and resources existing primarily for the good of children with disabilities.

SEP's Continuous Improvement Monitoring Process provides information on school district compliance with IDEA requirements such as appointing the steering committee, collecting assessment data, self-assessments for schools and the submission of conclusion summaries and improvement plans.

Interagency Initiatives

Since July 2000, the Transition Services Liaison Program has continued through an agreement between the DOE/Special Education Program, the Divisions of Rehabilitation Services and Services to the Blind and Visually Impaired, Department of Labor and Department of Social Services. Four regional Transition Liaisons provide support and technical assistance to individuals, families, local education agencies and adult service agencies. Services are targeted to insure that students with disabilities leaving secondary education are ready for employment or further education/training.

Since 2003, Black Hills Special Services Cooperative has continued to receive a contract from the Social Security Administration (SSA) to provide benefits planning and outreach for South Dakotans with disabilities who are SSA beneficiaries. The Benefits Specialist assists people in utilizing the work incentives available to them and maintaining health insurance as they begin to work and move off of SSA benefits.

In September 2004, the SD Housing Development Authority (SDHDA) and the Department of Human Services (DHS) have jointly agreed to a Memorandum of Understanding (MOU) concerning housing for individuals with disabilities. The MOU was developed to promote full community integration of people with disabilities into individualized housing settings and to support individual home ownership and individualized rental opportunities. Liaisons from SDHDA, DHS/Division of Mental Health, DHS/Division of Alcohol and Drug Abuse and DHS/Developmental Disabilities have been appointed. Both agencies will consult on acceptable housing options that include groups of citizens with disabilities being considered for targeted housing in any community. If the potential housing option is in the best interest of citizens with disabilities in terms of maximum community integration, the DHS liaison will issue a written statement to SDHDA in support of the option.

In addition to the above discussion on targeted housing for groups of citizens with disabilities, the SDHDA offers a program called the Governor's Affordable Housing Program for Individuals with Disabilities. This program is designed to promote home ownership for citizens with severe disabilities.

Employment

DHS/Division of Rehabilitation Services (DRS) works to empower people with disabilities to maximize employment, economic self-sufficiency and independence, strengthen families, and maximize their inclusion and integration into society. DRS programs allow for flexible use of funds to provide services needed by the person with a disability to enter, re-enter or maintain employment and enhance their ability to live independently. It is not possible to estimate the extent of involvement of DRS with people who have developmental disabilities under the DD definition in PL 106-402. The rehabilitation disability coding system does not classify disabilities in the same manner as the developmental disabilities program.

In FFY2005, DRS reported 2,546 applicants for services of which 518 were not eligible with a total of 5,541 eligible consumers receiving services. 34% of the eligible consumers had a cognitive disability; 31% a physical disability; 30% a mental illness; 4% a hearing impairment; and 1% respiratory impairment. The cause of disability for some of the categories for people receiving services was shown as: mental retardation (775), traumatic brain injury (145), cerebral palsy (91), epilepsy (74), autism (56), and spinal cord injury (56).

The Council collaborated with DRS in the completion of the 2004 statewide needs assessment of people with disabilities. The statewide survey covered the areas of health care coverage, employment, reasons for non-employment, transportation, assistive technology, housing, available services, and household income. Results are available on the DRS website.

In December 2005, DRS began implementing a program to provide financial assistance for cochlear implants for children less than 5 years of age with a severe to profound hearing loss. Funding was made available from revenue collected from the telecommunication relay fund for the deaf.

The Spinal Cord/Traumatic Brain Injury (SC/TBI) Research Fund was established in 2004 by the Legislature. The purpose of the fund, administered by the SC/TBI Council is to promote research to develop better understanding of causes and effective treatment strategies for paralysis, sensory loss, and other consequences of SC/TBI and disease; advance knowledge of SC/TBI,

repair and regeneration; foster collaborative interdisciplinary approaches; and to nurture SC/TBI researches through support of young scientists.

DRS is also the lead agency for DakotaLink, the South Dakota Assistive Technology Program. DakotaLink's mission is to assist individuals with functional limitations (due to disability, illness, injury, or the effects of aging) maximize their potential at home, at work, at school, in their communities, and at play through the use of assistive technology. DakotaLink's two primary goals are: 1) Improve access (which is information, knowledge, awareness and understanding) of assistive technology devices and services, including access to information technology and telecommunications and 2) Improve acquisition, the actual obtaining of assistive technology devices and services. DakotaLink, in cooperation with the Division of Services for the Blind and Visually Impaired (SBVI) and the State Braille and Talking Book Library, operates a telephone based newspaper reading system. In cooperation with DRS DakotaLink manages a reuse/recycling program of assistive technology devices for individuals with neuromuscular disorders. Working with SBVI manages a lease program of closed caption televisions for individuals with low vision. Finally, DakotaLink has established a fee for service system to provide direct assistive technology services to clients across the state. Nine Assistive Technology Technicians are based across the state to provide assessments, installation of equipment and training as needed.

SD has been involved with a Medicaid Infrastructure Grant to Support the Competitive Employment of People with Disabilities since January 2002. The Freedom to Work (FTW) Project is a federally funded systems change grant whose purpose was to make improvements to the Medicaid system that would encourage individuals with disabilities to return to work and provide supports when they do so. The grant has focused on making Personal Assistance Services available for people who are competitively employed and need the service for medical reasons. This change is in place and allows for up to 120 hours per quarter for the eligible person. The FTW Project also worked on developing a Medicaid Buy-In program. A Medicaid Buy-In would allow the individual who returns to competitive work to have substantial earnings and savings and still have Medicaid coverage.

OTHER ACTIVITIES

In March 2002, the Family Support Council and DD Council surveyed 850 families receiving family support or respite care services thru the Division of DD on their childcare needs. Responses were received from 253 families. 53% stated they had unmet childcare needs for their child with a disability. Those unmet needs were: lack of appropriate provider (33%), age of child too old for traditional childcare services (28%), providers not available when care was needed (25%), and cost prohibitive because of child's disability (23%). The families were asked when they found it most difficult/impossible to find appropriate childcare and all the responses were from 28-33% for the options of daytime work hours, weekends, after school, and evenings; while summer was highest at 38%.

The SD Alliance for Children began in July 2002 as the SD Alliance for Children and Early Education. The group developed goals and activities related to workforce issues, public awareness, family child care, funding for the Alliance, healthy development of children, infant/toddler care, early literacy, and out-of-school care. Alliance Workgroups completed a Child Care and Early Education Workforce Survey (released January 2004) and a study of the Economic Impact of the Child Care Industry in South Dakota (released November 2004).

During the 2004 Legislative Session, a Child Care and Early Learning Opportunities Task Force was established that met four times. The Task Force Report provided in January 2005 to the Legislature included recommendations in the areas of Quality Improvement, Child Care Standards, Universal Preschool, Children with Special Needs and Professional Development.

In October 2002, the Office of Child Care Services sponsored a workshop entitled, "Building Partnerships for Healthy Child Care in SD". The Council Director participated in this Healthy Child Care South Dakota initiative. The participants were divided into small groups that used the Child Health Needs and Health Resources Inventory to discuss South Dakota's unmet needs, the resources needed to meet the need and what resources are currently available. Some of the unmet health needs were – social emotional mental health continuum of care, immunizations, oral health, and special needs child care.

Currently there are two grant projects in the area of FASD (Fetal Alcohol Spectrum Disorders). Council staff has been involved as a member of the workgroup or through updates provided by the Center for Disabilities. In addition, the Center for Disabilities has developed FASD Clinics in Sioux Falls and Rapid City to provide diagnostic and follow-up services to families and agencies working with all ages of people suspected of having FASD.

The State of SD Consortium for FASD Prevention began in October 2004. The Consortium has been developing a comprehensive statewide system of brief intervention and case management services for pregnant women and non-pregnant women with dependent children who may show alcohol/drug abuse and dependency risk factors. Currently, the sites implementing case management services include working with the Department of Social Services and the Temporary Assistance for Need Families participants in the Mission/White River area and the Department of Health, Women, Infant and Children (WIC) office in the Aberdeen area. The other site that has been chosen by the Consortium is the North Plains Healthy Start in the Wagner area.

The second project begun in 2004 is the "FASD in the SD Juvenile Justice System" and is a collaborative effort between the Center for Disabilities and state and local agencies. A task force was identified to develop a model of care for individuals with FASD in the juvenile justice system. The Task Force will develop a needs assessment to determine an appropriate system of identification and intervention services for individuals with FASD in the juvenile justice system. This assessment should provide an understanding of the target population, the current delivery system, needs for services for those with FASD in the system, and possible intervention and referral trainings.

The Bright Start Initiative's priority is to assure that every baby born in SD has the opportunity for a good start in life. Bright Start components include the areas of infant brain development, comprehensive early childhood development that includes physical, intellectual, emotional and social development, parent education and health care. Bright Start is a comprehensive early childhood initiative composed of the following components: home visitation, newborn hearing screening, early intervention screenings, immunizations, web site, parent/infant Welcome Box, monthly parent update and Responsive Parenting Seminars.

Bright Start brought the Department of Health together with hospitals and audiologists to establish a statewide Newborn Hearing Screening Program. The goal of the Newborn Hearing Screening Program is to screen for hearing loss before babies go home from the hospital. The

test is painless, takes only a few minutes, and is the first step to prevent problems with speech and learning.

Effective June 1, 2005, state statutes and Dept of Health administrative rules were changed to require all newborns to be screened for certain metabolic conditions and gives the Department of Health authority to require additional screens as testing technology advances. The reason for requiring the screening is that proper screening at birth can identify these problems and early treatment can result in normal growth and development and/or reduce morbidity and mortality. While these disorders are relatively uncommon, the cost of not diagnosing one of these conditions, both in human suffering and financial impact, is immense. The SD Newborn Screening Program required screens for all newborns for the following metabolic disorders. amino acid disorders, biotinidase deficiency, congenital adrenal hyperplasia (CAH), congenital hypothyroidism, fatty acid oxidation disorders, galactosemia, organic acidemia disorders, phenylketonuria (PKU), and sickle cell disease. The SD Newborn Screening Program also offers screening for cystic fibrosis on an optional basis.

D. Community Services and Opportunities:

Provide a summary of the extent to which community services and opportunities related to the areas of emphasis directly benefit individuals with developmental disabilities. Include information on assistive technology/services and rehabilitation technology, current resources and projected availability of future resources to fund services, and health care and other supports and services received in ICF(MRs) and through Home and Community Based Waivers.

The mission of the Division of Developmental Disabilities is to support people with developmental disabilities and their families in a manner that is flexible, responsive to individual needs, promotes inclusion and choice, enhances productivity and is cost effective. Programs administered include home and community based services (HCBS) waiver, local family support programs, statewide family support program, community training services (CTS), family support waiver, respite care, and adult foster care. The Division of DD has funding, certification, and monitoring responsibilities for Adjustment Training Centers (ATCs). ATCs remain certified through life quality reviews conducted by the Council on Quality and Leadership or the Division and reviews of compliance with the Administrative Rules of SD.

Adjustment training centers provide a variety of services. Along with vocational opportunities in agency workshops, agencies provide job coaches and pre-vocational training for people looking for community jobs and vocational expanded follow-along for those working in the community. ATCs provide residential options such as group homes and supervised apartments. Community living training and residential expanded follow-along are provided for those who live on their own or working toward that goal.

Services are mainly funded through the HCBS Waiver established in 1981. The SD Developmental Center also uses ICF/MR (Intermediate Care Facility for the Mentally Retarded) funding through Medicaid. Community training services and respite programs receive funding from state general funds only. Community training services are utilized for people that need less intensive services or who do not meet the financial eligibility for ICF/MR or HCBS Waiver services. Services provided through CTS funding are prevocational and community living training and expanded follow-along/support.

Current funding levels for State Fiscal Year 2007 (SFY07) and the number of individuals projected to be served are as follows:

SERVICE	Current Funding Level	# of Individuals Served
HCBS Waiver	\$ 73,864.920	2,270
CTS	\$ 1,645,895	299
Family Support	\$ 3,051,868	1,086
Respite Care	\$ 318,870	933
Adult Foster Care	\$ 35,200	11

The Division of DD requests additional funding each year to address:

- Federal Medical Assistance Percentage (FMAP) –state general fund dollars are requested to offset a loss of federal Medicaid dollars when the states responsibility for match funding increases.
- Inflation –funds are requested to offset the impact of inflation on the cost of providing services.
- Expansion/Attrition –funds are requested to address the net result of admissions and discharges to the HCBS system.

In November 2004, DHS/DDD was awarded a grant in the amount of \$250,000 per year for up to five years from the Administration on Developmental Disabilities to assist families and communities in supporting people with developmental disabilities and their families. People Leading Accessible Networks of Support (PLANS) is a pilot program to preserve, strengthen, and maintain the family unit especially in rural South Dakota. The consensus of the grant's workgroup was that in order to strengthen families, people with developmental disabilities must have access to a comprehensive array of services and supports through a single-point of contact. PLANS programs have been established in Northeastern, Southeastern, and Western SD (including the Pine Ridge reservation). Services include service coordination through field staff, specialized medical adaptive equipment and supplies, respite care and personal care services. Additional services were added in year two - nutritional supplements, environmental adaptations, companion care, and employment services.

During FFY05, the Division of DD submitted an amendment to the Family Support Waiver to the Center for Medicaid and Medicare Services (CMS) to expand the age group to include adults, increase the number of unduplicated recipients, add Supported Employment as a new service, expand the definition of Companion Care, increase Factor G and G' to mirror institutional rates in the HCBS waiver, and increase the rate per unit for service coordination. This amendment was approved by CMS in September 2005.

E. Waiting Lists:

Provide the name of waiting lists in your state and the number of individuals with developmental disabilities on those lists. *NOTE: The Waiting List information is intended for information purposes relative to the reporting mandate in the Act. It is not required that Councils have a goal, objective or outcome measures relative to the waiting list. If Councils do have a goal/outcome relative to a waiting list it is recommended that it be reported in the*

corresponding Area of Emphasis (for instance a Section 8 housing list initiative would be reported in Housing), or in the Cross-cutting area if the list is more generic.

Waiting list name	Number
DDD Services	24
Local Family Support	*
Statewide Family Support	*
Respite Care	0
Public (Section 8) Housing	1,006

* See narrative

Waiting List narrative:

Please provide a brief narrative explaining any changes.

Persons on the Division of DD's waiting list are people who are not receiving services from an adjustment training center. The average length of time a person is on the waiting list is 90 days. Families requesting Local Family Support services are eligible for the Statewide Family Support program and receive services from that program until there is an opening on a Local program. There are approximately 200 families on Statewide who have indicated they would like to move to a local program when an opening occurs.

Section 8 and other housing waiting lists are maintained by local public housing authorities (PHAs) and applicants are not tracked by type of disability. For the FFY2005 Annual Report, the Council contacted 39 PHAs in communities where a community based service provider or the developmental center are located were contacted and 21 PHAs responded.

F. Unserved and Underserved Groups:

1. List and describe racial/ethnic groups that may be unserved/underserved and describe the barriers to their receipt of supports and services. You may identify barriers specific to a particular racial/ethnic group you have selected, identify general, overall barriers applicable to all racial/ethnic groups selected, or both.

Group (from US Census):

- ☐ Asian
- ☐ Black, not of Hispanic/Latino origin
- ☒ American Indian or Alaskan Native
- ☐ Pacific Islander
- ☐ Hispanic
- ☐ White, not of Hispanic/Latino origin
- ☐ Multi-cultural (identified with more than one of the above)
- ☐ Other than the above – specify

Barriers include community attitudes, transportation, limited or no employment opportunities, lack of trained personnel, housing, delivery of service maze includes State and Tribal programs, co-occurring disorders, lack of telephones, and lack of independent living services on the Nations.

2. List and describe any other unserved/underserved group(s) and describe the barriers that impede full participation of this group(s). Examples of such groups are religious groups, rural populations, those excluded from eligibility for particular services, particular types of disabilities)

Group:

- ☒ Traumatic Brain Injury (TBI)
☒ Rural population
☒ Ind. with disabilities who are involved with criminal justice system
☒ Other minority populations such as Hispanic, etc.

General barriers:

Barriers for all individuals with developmental disabilities in these groups include community attitudes, lack of transportation, employment, trained staff, distance to travel for services and those barriers for the racial/ethnic groups listed above.

G. Rationale for Goal Selection:

Provide a rationale for goals related to advocacy, capacity building and systemic change to be undertaken by the Council.

The Council used a variety of methods to gather information including a survey to help set priorities for the State Plan, discussion at Council meetings, focus and workgroup meetings, needs assessments such as the 2004 Survey of South Dakotans with Disabilities and the National Core Indicators Project, training events, evaluations of Council projects, and attendance at meetings of other groups and organizations related to disabilities. In addition to the direct contact and Council survey, the Council was involved in several needs assessments. Some were shared in other areas of this document.

Council members continue to discuss the fact that many times systems change and capacity building efforts take a long time and maintenance of effort through sustained funding in order to show accomplishments. These changes also take the combined efforts of many agencies, organizations and individuals to reach the goals that have been set.

The Council has provided funding for 14 years of Partners in Policymaking training. In recent years, the Council has begun to see the results as graduates who were working on issues at the local level are now starting to work on those and other issues at the state and federal levels as well. The Council has just begun a project for mobilizing self-advocacy and development of training for people with developmental disabilities so they can train others in self-advocacy skills. The Council hopes that through this project, more people with developmental disabilities will become leaders in their own communities as well as participate on state boards and councils as effective advocates for systems change at all levels.

Many of the capacity building activities funded by the Council are for training for people with developmental disabilities, family members, direct care staff and other service providers. The Council also works collaboratively with other agencies and organizations to sponsor conferences and events that build capacity across the many types of services (such as

vocational rehabilitation, educators, etc.). These activities build capacity within communities statewide for all ages of people with developmental disabilities.

The current systems change project the Council is involved with came as a result of the PLANS Family Support 360 grant activities described earlier. A sub-committee had been meeting to discuss issues specific to the community based providers and building support for person-directed services. This Core Stakeholders group developed a proposal for activities related to the Movement to Self-Directed Systems - independent service coordination, agency of choice models, and technical assistance with bringing person-centered thinking to all levels of an organization.

Based on the information provided and the Council's role of being a team member in filling gaps in the SD service delivery system the Council set goals and activities all areas of emphasis.

The information that follows provides some summary information based on surveys and needs assessments that were completed:

The "2004 Statewide Survey of South Dakotans with Disabilities" was a collaborative effort of several boards and councils as well as the DHS/Division of Rehabilitation Services. Information was gathered about individuals with disabilities age 16 and older. Questions were asked of each person's participation in their community including their experiences with employment, their sources of income, transportation, housing, healthcare, social interaction, assistive services and education. There were 738 respondents to the survey with 5.6% identifying themselves as Native Americans. A similar survey was conducted in 1996 and 2000, allowing for greater comparison over time for the areas surveyed. Findings from the survey included:

- 58.8% of the respondents classified their disability as somewhat or very severe.
- Physical disabilities (83.2%) are by far the most commonly reported disability and are steadily becoming a greater percentage of the total (up from 76% in 1996). Only 3 respondents stated their disability was mental retardation or a developmental disability; 50 had a mental or emotional disability and 9 had a traumatic brain injury.
- 89.9% indicated that they have health care coverage with 72% receiving it through a government program or as a benefit.
- 36.7% agreed or strongly agreed that their disability creates a significant transportation problem for them.
- 23.4% said they were working full or part-time. 2% were unemployed and looking for work and an additional 2/8% said they were unemployed and not looking for work. 26.3% said that they were completely unable to work and an additional 18% thought their disability prevents them from finding and keeping a full time job.
- Only 51.6% think state government is doing a good or very good job of helping people with disabilities (down from 55.3% in 1996).
- Respondents were asked where they most often get information. The most frequently mentioned sources were their doctor or hospital (43.1%) and word of mouth (14.2%). Sources for word of mouth include friends, relatives, neighbors, and other persons with disabilities.
- Respondents were asked about control over decisions affecting them in a variety of areas – the percent of respondents stating that they (not their family or others) exercised the most

control in the following situations was: work – 64.6%; transportation – 69.5%; housing – 79.4%; selection of friends – 92.5%; money – 92.5%; and social and recreational activities – 87.1%.

- 49.9% said that they do not participate in any community activities or organizations. The majority of the survey participants (63.4%) get together with friends two or fewer times per week. 38.1% of the survey participants have a neighbor that has a disability.

Alliance for Full Participation Summit and Regional Meetings on Developmental Disabilities

In September 2005, over 70 people from South Dakota attended the Alliance for Full Participation (AFP) Summit in Washington, DC. People represented self-advocates, parents, direct support professionals, community based service providers, and policymakers. The Summit was sponsored by 11 national organizations and focused on creating a national agenda to make full participation a reality. In an effort to build on the lessons of the AFP Summit, regional meetings were held April 4-7, 2006 in Sioux Falls, Aberdeen, Pierre and Rapid City to follow-up with Summit participants and to hear from other self-advocates, parents and professionals about South Dakota's system of services for people with developmental disabilities.

The planned outcomes for the meetings was to share what happened at the AFP Summit in September; gather information related to self-advocacy, and to gather information for the Council's State Plan and Division of DD' Strategic Plan. Attending the meetings were 24 persons with developmental disabilities, 12 family members, 15 developmental disability service providers, and 15 other professionals.

Attendees heard an overview of activities that happened before the Summit and the priorities set by the South Dakota State Team. Then they learned about the Summit held in Washington, DC. Nationally, there were 2300 participants and South Dakota had 73 people attend (35 people with developmental disabilities, 7 family members, 21 community provider directors and direct support workers, and 9 professionals and government officials).

Sessions at the Summit were divided into 3 categories: Leadership; Community Membership and Self-Determination and Enhancing the Quality of Supports and Services. There were over 90 exhibit booths and 115 Poster Sessions. At the Summit, a Town Hall Meeting was held with everyone having the opportunity to vote electronically about a question and then to see the responses almost immediately.

Immediately following the Town Hall meeting, 20 or so participants from SD met to share their thoughts and ideas. The main topics discussed were 1) employment; 2) self-advocacy, 3) future leaders, 4) attitudes and public opinion (including the language and terminology that we use); and 5) the need for a Follow-Up Meeting in South Dakota.

Participants at the Regional Meetings held in April were then asked to vote (via old-fashioned hand-raising) on the same questions asked at the Town Hall Meeting. Many times, the participants felt that the questions were worded negatively or did not really offer the answer they would have liked. Voting was optional and for some questions, people voted for more than one choice. After voting, the group was able to see the results from the Summit Town Hall Meeting. South Dakota's Regional Meeting Town Hall Question results were as follows:

65 people voted “yes” and 2 voted “no” to believing that with the right supports, all people with developmental disabilities can live in the community.

22 people voted “yes” and 13 voted “no” to believing that all people want to direct their own supports.

13 people voted “yes” and 51 voted “no” to believing that sheltered workshops must be closed and other alternatives found in the community.

49 people voted that having a label of developmental disabilities “hurts, because of the stigma” while 1 person felt the label “helps, because labels drive funding”.

When asked, “In my personal experience, in regards to people with developmental disabilities, South Dakota communities are: 25 voted “mostly accepting and supportive”; 6 voted mostly neutral; 0 voted “mostly hostile and resistant”; and 30 voted “well meaning, but generally clueless”.

40 people voted that concerns about personal safety were roadblocks to achieving community inclusion and 18 voted they were not a roadblocks.

When asked, “In your experience, what is the number one issue in the lives of people with developmental disabilities?” – The responses were: lack of opportunity (24), jobs (20), dignity and respect (12), personal freedom (3), healthcare (1), and schools (1).

When asked “The most important role of community provider organizations is to:” – the responses were: Provide individualized supports based on a person’s plan (39), connect people within their communities (11), keep people safe (7) and provide training and support to people with disabilities(3).

Why can’t people find jobs – The responses were: attitudes of employers (37), no transition planning (4), poor schooling, training and preparation (3), and no support and encouragement from family and support staff (2). No one felt that it was from a lack of skill of their direct support worker. Many attendees felt that the main reason was a lack of options and opportunities.

When asked, “Most people disagree with their family members sometimes. When people with developmental disabilities disagree with their family members it is most often because of:” – responses were: the right to make decisions (34), safety and risk taking (14), money (4), and living situation (2).

45 agreed and 14 disagreed with the statement, “All people with developmental disabilities CAN work.”

When asked, “What is the best way to support the self-advocacy movement?” responses were: listen to what self-advocates are saying (44), provide more training (11), 3 other suggestions were to provide more opportunities for self-advocates to participate; giving the person the ability to make decisions; getting more information on self-advocacy to everyone., and 1 person responded increased funding.

23 people voted “yes” and 22 voted “no” to the question – “Do you feel that your voice is heard in the policymaking process?”

Responses to the statement “We can promote full community participation by:” showed 24 recommended changing attitudes and public opinion, 19 voted for providing support and training for self-advocates, 18 felt increasing access to housing, jobs, transportation, recreation, etc.; 15 voted to give people control over money for services and supports, and there was 1 vote each for changing laws and regulations and increasing funding for community services and supports.

Following the questions and discussion of the Town Hall Meeting, participants were asked to provide information related to four “Valued Customers” of the Council and Division of DD – 1) people with developmental disabilities; 2) families of people with developmental disabilities; 3) providers; and 4) the public. A summary of the combined results follow:

Priorities for People with Developmental Disabilities - jobs/employment; community inclusion; support people in their home communities, continue to support choice, control and individualized approaches, continue to listen to what people want; opportunities for education beyond high school, self-advocate training; transportation, and getting good staff support.

Priorities for Families - continue/expand the family support program (meeting the unique needs of families); a place at the table; communication; more opportunities to participate in state workgroups; additional supports, teach families to be advocates; stipends and training opportunities; staff retention, communication from providers, information on benefits and what services are available.

Priorities for Providers - a place at the table, education opportunities; increased or at least stable funding; challenge and inspire; provide the latitude and support to test new programs, staff retention; transportation, continually better the provider system to ensure that people are being heard in their lives, additional supports to get real jobs for people served

Priorities for the Public: - communication; educate employers, public awareness activities; market careers in developmental disabilities to younger students, and the Division should be the “spokes-division” for engaging the Legislature, Executive Branch and Congressional Delegation regarding budget and programmatic issues.

SECTION IV AREAS OF EMPHASIS AND PERFORMANCE TARGETS

EMPLOYMENT

GOAL 1 People with developmental disabilities have a variety of employment options.

Strategies used in achieving goal:

- ☐ Outreach
- ☒ Training
- ☒ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☒ Barrier Elimination, Systems Design and Redesign
- ☐ Coalition Development and Citizen Participation
- ☐ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

Objective 1.1 Training on Employment Topics – By the end of FFY2011, training on employment topics (such as supported and self-employment) and systems advocacy related to employment will be provided to 100 people including direct support professionals, people with developmental disabilities and their families.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☐ State Protection and Advocacy System
- (b) ☐ University Center(s)
- (c) DHS/Division of Developmental Disabilities
- (d) DHS/Division of Rehabilitation Services
- (e) DHS/Division of Services to the Blind and Visually Impaired
- (f) SD Coalition of Citizens with Disabilities
- (g) SD RehabACTion Association

Objective 1.2 Training, Information and Resources for Employers - By the end of FFY2011, training, information and resources on employment topics (such as self-employment, incentives for hiring people with disabilities, and the replication of programs like the Business Leadership Network) will be provided to 200 potential or current employers of people with developmental disabilities from 8 communities.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☐ State Protection and Advocacy System
- (b) ☐ University Center(s)
- (c) DHS/Division of Developmental Disabilities
- (d) DHS/Division of Rehabilitation Services
- (e) DHS/Division of Services to the Blind and Visually Impaired
- (f) SD Coalition of Citizens with Disabilities
- (g) Freedom to Work Project

- (h) SD RehabACTion Association
- (i) Sioux Falls Business Leadership Network

Objective 1.3 Self-Employment – By the end of FFY2011, 30 people with developmental disabilities will be provided information and/or assistance with self-employment.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) _____ State Protection and Advocacy System
- (b) _____ University Center(s)
- (c) DHS/Division of Developmental Disabilities
- (d) PLANS / Family Support 360 Coordinators
- (e) DHS/Division of Rehabilitation Services
- (f) Community based providers

Objective 1.4 Collaboration and Awareness – Through the end of FFY2011, the Council will be informed of activities related to employment for people with disabilities and will pursue opportunities for collaborative activities (specifically in the areas of transition from school to work and competitive employment).

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) _____ State Protection and Advocacy System
- (b) _____ University Center(s)
- (c) DHS/Division of Developmental Disabilities
- (d) PLANS / Family Support 360 Coordinators
- (e) DHS/Division of Rehabilitation Services

Performance Targets by Year for EMPLOYMENT

		Federal Fiscal Year					
	PERFORMANCE TARGETS	2007	2008	2009	2010	2011	Total
EM01	Adults have jobs of their choice through Council efforts						
EM02	Dollars leveraged for employment programs						
EM03	Employers provided vocational supports to students on the job						
EM04	Businesses/employers employed adults						
EM05	Employment programs/policies created/improved						
EM06	People facilitated employment	12	12	12	12	12	60
EM07	People trained in employment	140	140	30	30	40	380
EM08	People active in systems advocacy about employment	Now reported in QA06.					

		Federal Fiscal Year					
	PERFORMANCE TARGETS	2007	2008	2009	2010	2011	Total
EM09	Self-advocates and family members trained in systems advocacy about employment	Now reported in QA07					
EM10	Other: People with DD are provided information and/or assistance with self-employment.	6	6	6	6	6	30
EM11	Other: # of updates provided to Council on employment.	4	4	4	4	4	20
EM12	Other: # of people provided info and resources on employment topics			100	100	100	300
EM13	Other: # of resources disseminated			200	200	200	600

HOUSING

Goal 2 People with developmental disabilities are provided opportunities and choice for inclusive community living.

Strategies used in achieving goal:

- ☐ Outreach
- ☒ Training
- ☐ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☐ Barrier Elimination, Systems Design and Redesign
- ☐ Coalition Development and Citizen Participation
- ☐ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

Objective 2.1 Dissemination of Information on Homeownership and Community Living Options – By the end of FFY2011, 1,000 copies of material related to homeownership options for people with developmental disabilities will be disseminated.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☐ University Center(s)
- (c) SD Housing Development Authority
- (d) Housing and Urban Development, SD Offices
- (e) DHS/Division of Developmental Disabilities
- (f) Rural Development Office, SD Offices

Objective 2.2 Promotion of Home Ownership and Other Community Living Options for People with Developmental Disabilities – By the end of FFY2011, home ownership and community living options will be promoted to 2,000 people with developmental disabilities, their families, realtors, landlords, and the general public through dissemination of materials, newsletter articles and presentations.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) _____ University Center(s)
- (c) SD Housing Development Authority
- (d) Housing and Urban Development, SD Offices
- (e) DHS/Division of Developmental Disabilities
- (f) PLANS Family Support 360 Project
- (g) Rural Development Office, SD Offices

Performance Targets by Year for HOUSING

	PERFORMANCE TARGETS	Federal Fiscal Year					Total
		2007	2008	2009	2010	2011	
HO01	Individuals have homes of their choice through Council efforts						
HO02	People moved from congregate settings to homes in the community.						
HO03	Dollars leveraged for housing						
HO04	Banks made mortgage funds available to enable people to own their own homes.						
HO05	Housing programs/policies created/improved						
HO06	Units of affordable, accessible housing made available						
HO07	People facilitated home ownership/rental						
HO08	People trained in housing						
HO09	People active in systems advocacy about housing	Now reported in QA06.					
HO10	People trained in systems advocacy about housing	Now reported in QA07					
HO11	Other – # of materials disseminated	200	200	200	200	200	1000
HO12	Other - # of people provided info and resources on community living	400	400	400	400	400	2000

HEALTH

Goal 3 People have a range of needed health care services, with a focus on dental and medical services, preventative health care, traumatic brain injury and fetal alcohol syndrome.

Strategies used in achieving goal:

- ☐ Outreach
- ☒ Training
- ☐ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☐ Barrier Elimination, Systems Design and Redesign
- ☒ Coalition Development and Citizen Participation
- ☐ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

Objective 3.1 Dental Services – By the end of 2011, 500 direct support professionals will receive training on oral health care for people with DD; 25 dentists and other dental professionals will receive current information related to oral health treatment for people with DD; and the Council will continue to work with the Oral Health Coalition's Subcommittee on Developmental Disabilities.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☐ State Protection and Advocacy System
- (b) ☒ University Center(s)
- (c) DHS/Division of Developmental Disabilities
- (d) SD Dental Association
- (e) Delta Dental
- (f) SD Association of Community Based Services
- (g) Dept of Health / Oral Health Program
- (h) Community based providers
- (i) Private dentists and other dental professionals

Objective 3.2 Information and Resources on Health Care Topics – By the end of 2011, information and resources will be provided to 1,000 people (direct service workers, people with DD, family members and guardians, medical professionals, etc.) on topics related to specific disabilities or issues (example: co-occurring disorders, obesity, prescription drug plans, caregiver issues, etc.).

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☐ State Protection and Advocacy System
- (b) ☒ University Center(s)
- (c) DHS/Division of Developmental Disabilities
- (d) SD Association of Community Based Services
- (e) Easter Seals South Dakota

Performance Targets by Year for HEALTH

		Federal Fiscal Year					
	PERFORMANCE TARGETS	2007	2008	2009	2010	2011	Total
HE01	People have needed health services through Council efforts						
HE02	Dollars leveraged for health services						
HE03	Health care programs/policies created/improved						
HE04	People improved health services						
HE05	People trained in health care services	250	200	0	0	0	450
HE06	People involved in systems advocacy on health care	Now reported in QA06.					
HE07	People trained in systems advocacy about health care	Now reported in QA07					
HE08	Other: # of dentists and other dental professionals who received information.	25					25
HE09	Other: # of people provided info and resources on health topics	200	200	200	200	200	1000

EDUCATION and EARLY INTERVENTION

GOAL 4 People with developmental disabilities meet their educational goals.

Strategies used in achieving goal:

- ☐ Outreach
- ☒ Training
- ☐ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☐ Barrier Elimination, Systems Design and Redesign
- ☐ Coalition Development and Citizen Participation
- ☐ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

Objective 4.1 Training, Information and Resources on Inclusive Education – By the end of FFY2011, training, information and resources will be provided to 1,000 people (people with DD, family members and guardians, education professionals, etc.) on education topics such as early intervention, inclusion, transition, person-centered planning, co-occurring disorders, etc.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)
- (c) DOE/Special Education Programs
- (d) SD Head Start Association
- (e) SD Alliance for Children
- (f) SD Association for the Education of Young Children
- (g) DHS/DDD Family Support Programs
- (h) Transition Services Liaison Project

Objective 4.2 Transition - By the end of FFY2011, 50 young adults will receive assistance with transition from the school to the adult system through collaboration efforts of the Council and other service providers.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)
- (c) DOE/Special Education Programs
- (d) PLANS Family Support 360 Project
- (e) Transition Services Liaison Project

Performance Targets by Year for Education and Early Intervention

	PERFORMANCE TARGETS	Federal Fiscal Year					Total
		2007	2008	2009	2010	2011	
ED01	Students have the education and support they need to reach their educational goals through Council efforts	5	5	5	5	5	25
ED02	Infants and young children have the services/supports needed to reach developmental goals through Council efforts						
ED03	Students transitioned from school to community and jobs	5	5	5	5	5	25
ED04	Children transitioned from early intervention and pre-school to inclusive classrooms/schools						
ED05	Dollars leveraged for education						
ED06	Education programs/policies created/improved						

		Federal Fiscal Year					
	PERFORMANCE TARGETS	2007	2008	2009	2010	2011	Total
ED07	Post-secondary institutions improved inclusive education						
ED08	Schools improved IEP practices						
ED09	People facilitated inclusive education						
ED10	People trained in inclusive education	150	150	0	0	0	300
ED11	People involved in systems advocacy about inclusive education	Now reported in QA06.					
ED12	Parents trained regarding their child's educational rights						
ED13	Other – # of people provided info and resources related to education & early intervention			300	200	200	700

CHILDCARE

GOAL 5 Children and families benefit from a range of inclusive, flexible childcare options.

Strategies used in achieving goal:

- ☐ Outreach
- ☐ Training
- ☐ Technical Assistance
- ☐ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☐ Barrier Elimination, Systems Design and Redesign
- ☐ Coalition Development and Citizen Participation
- ☐ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

Objective 5.1 Collaboration and Awareness – Through the end of FFY2011, the Council will continue to be informed of activities related to childcare for children and young adults with developmental disabilities and will pursue opportunities for collaborative activities.

Expected Year of Accomplishment: Year 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☐ State Protection and Advocacy System
- (b) ☐ University Center(s)
- (c) ☐ DSS/Office of Childcare Services
- (d) ☐ SD Alliance for Children

Objective 5.2 Information and Resources – Through the end of FFY2011, information and resources will be provided to 150 people on topics related to inclusive recreation and leisure activities.

Expected Year of Accomplishment: Year 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ____ State Protection and Advocacy System
- (b) ____ University Center(s)
- (c) DSS/Office of Childcare Services
- (d) SD Alliance for Children
- (e) Family Childcare Providers Association
- (f) SD School Age Care Alliance
- (g) Childcare Center Directors Association
- (h) SD Assn for the Education of Young Children
- (i) SD HeadStart Association

Performance Targets by Year for Childcare

		Federal Fiscal Year					Total
		2007	2008	2009	2010	2011	
CH01	Children in inclusive childcare settings through Council efforts						
CH02	Dollars leveraged for childcare programs						
CH03	Childcare programs/policies created/improved						
CH04	People facilitated inclusive childcare						
CH05	People trained in childcare						
CH06	People active in systems advocacy about childcare	Now reported in QA06.					
CH07	People trained in systems advocacy about childcare	Now reported in QA07					
CH08	Other – # of updates provided to Council on childcare	4	4	4	4	4	20
CH09	Other - # of people provided info and resources related to childcare			50	50	50	150

RECREATION

Goal 6 People benefit from inclusive recreational, leisure and social activities consistent with their interests and abilities.

Strategies used in achieving goal:

- ☐ Outreach
- ☐ Training
- ☐ Technical Assistance
- ☒ Supporting and Educating Communities
- ☐ Interagency Collaboration and Coordination
- ☐ Barrier Elimination, Systems Design and Redesign
- ☐ Coalition Development and Citizen Participation
- ☐ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

Objective 6.1 Inclusive Recreation Opportunities - By the end of FFY2011, 20 people with developmental disabilities (of all ages) will receive assistance to participate in inclusive recreation opportunities of their choice.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☐ State Protection and Advocacy System
- (b) ☐ University Center(s)
- (c) PLANS Family Support 360 Project
- (d) DDD Family Support Programs

Objective 6.2 Information and Resources – By the end of FFY2011, information and resources will be provided to 150 people on topics related to inclusive recreation and leisure activities.

Expected Year of Accomplishment: Year 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☐ State Protection and Advocacy System
- (b) ☒ University Center(s)

Performance Targets by Year for Recreation

	PERFORMANCE TARGETS	Federal Fiscal Year					Total
		2007	2008	2009	2010	2011	
RE01	People active in recreational activities through Council efforts	4	4	4	4	4	20
RE02	Dollars leveraged for recreation programs						
RE03	Recreation programs/policies created/improved						
RE04	People facilitated recreation						
RE05	People trained in recreation						
RE06	People active in systems advocacy about recreation	Now reported in QA06.					

		Federal Fiscal Year					
	PERFORMANCE TARGETS	2007	2008	2009	2010	2011	Total
RE07	People trained in systems advocacy about recreation	Now reported in QA07					
RE08	Other: # of people provided info and resources on recreation			50	50	50	150

TRANSPORTATION

Goal 7 People have transportation services for work, school, medical and personal needs.

Strategies used in achieving goal:

- ☐ Outreach
- ☐ Training
- ☐ Technical Assistance
- ☐ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☐ Barrier Elimination, Systems Design and Redesign
- ☐ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

Objective 7.1: Collaboration and Awareness - Through the end of FFY2011, the Council will continue to be informed of activities related to transportation for people with developmental disabilities and will pursue opportunities for collaborative activities.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)
- (c) Department of Transportation
- (d) SD Coalition of Citizens with Disabilities
- (e) DHS/Division of DD
- (f) SD Association of Community Based Services

Objective 7.2: Enhancing Community Transportation – Through the end of FFY2011, the Council will support activities to enhance community transportation in a minimum of two communities or areas of the state.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☐ State Protection and Advocacy System
- (b) ☐ University Center(s)
- (c) Department of Transportation
- (d) Community Transit Providers

(e) People with DD and their families

Performance Targets by Year for Transportation

		Federal Fiscal Year					
	PERFORMANCE TARGETS	2007	2008	2009	2010	2011	Total
TR01	People have transportation services that meet their needs						
TR02	Dollars leveraged for transportation programs						
TR03	Transportation programs/policies created/improved					2	2
TR04	People facilitated transportation						
TR05	People trained in transportation						
TR06	People active in systems advocacy about transportation	Now reported in QA06.					
TR07	People trained in systems advocacy about transportation	Now reported in QA07					
TR08	Other: # of updates provided to Council on transportation.	4	4	4	4	4	20
TR09	Other: # of people provided info and resources on transportation			100	100	100	300

QUALITY ASSURANCE

GOAL 8 People have the information, skills, opportunities and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights.

Strategies used in achieving goal:

- ☐ Outreach
- ☒ Training
- ☐ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☐ Barrier Elimination, Systems Design and Redesign
- ☒ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

Objective 8.1 Leadership Development - By the end of FFY2011, 1,000 people with DD and their family members will participate in advocacy and leadership training and 25 people

with DD or their family members will be elected/appointed/volunteer for positions on boards and councils at the local, state and national levels.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)
- (c) DHS/Division of Developmental Disabilities
- (d) SD Association of Community Based Services
- (e) SD Parent Connection
- (f) community based providers

Objective 8.2 Training, Information and Resources for Self-Advocates and Statewide Self-Advocate Organization - By the end of FFY2011, 200 people with DD will receive training, information and resources to build advocacy skills and be involved in the development of a statewide self-advocacy organization.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)
- (c) Human Services Research Institute
- (d) DHS/Division of Developmental Disabilities
- (e) community based providers

Objective 8.3 Assistance with Travel for Individuals and Families - By the end of FFY2011, 250 people with DD and family members/guardians will receive assistance with costs for attendance at conferences and meetings.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)
- (c) DHS/Division of Developmental Disabilities
- (d) community based providers
- (e) SD Coalition of Citizens with Disabilities
- (f) SD Parent Connection
- (g) Children's Care Hospital & School

Objective 8.4 Quality Assurance in Community Based Services- Through the end of FFY2011, 12 community based DD service providers will work on quality assurance/improvement issues and 400 people will receive information, training and resources on topics such as abuse, neglect and exploitation of people with DD, rights of people with DD, self-determination, person-directed budgets, etc.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)

- (c) DHS/Division of Developmental Disabilities
- (d) SD Association of Community Based Services
- (e) PLANS Family Support 360 Project
- (f) community based providers

Performance Targets by Year for Quality Assurance

		Federal Fiscal Year					
	PERFORMANCE TARGETS	2007	2008	2009	2010	2011	Total
QA01	People benefiting from quality assurance efforts of the Council in community placements						
QA02	Dollars leveraged for quality assurance programs in community placements						
QA03	Quality assurance programs/policies created/improved in community placements	4	4	4			12
QA04	People facilitated quality assurance in community placements	8	8	8			24
QA05	People trained in quality assurance in community placements						
QA06	People active in systems advocacy about quality assurance in community placements	20	20	20			60
QA07	People trained in systems advocacy about quality assurance in community placements	305	305	100	100	100	910
QA08	People trained in leadership, self-advocacy and self-determination	40	40	40	40	40	200
QA09	People attained membership on public and private bodies and other leadership coalitions	5	5	5	5	5	25
QA10	Number of entities participating in partnerships or coalitions created or sustained as a result of Council efforts						
QA11	Other – # of people with DD and their families who received assistance to attend workshops and conferences	50	50	50	50	50	250

		Federal Fiscal Year					
	PERFORMANCE TARGETS	2007	2008	2009	2010	2011	Total
QA12	Other - # of people provided info and resources on quality assurance			300	300	300	900

FORMAL and INFORMAL COMMUNITY SUPPORTS

Goal 9 People have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life.

Strategies used in achieving goal:

- ☐ Outreach
- ☒ Training
- ☐ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☐ Barrier Elimination, Systems Design and Redesign
- ☒ Coalition Development and Citizen Participation
- ☐ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☒ Other Activities

Objective 9.1 College of Direct Support – By the end of FFY2011, 1,000 (new users) direct support professionals, people with DD, family members, guardians and advocates will participate in the College of Direct Support and College of Frontline Supervision.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)
- (c) SD Association of Community Based Services
- (d) SD Developmental Center
- (e) DHS/Division of Developmental Disabilities
- (f) Community based provider agencies

Objective 9.2 Training, Information and Resources – By the end of FFY2011, 500 people will receive training, information or resources related to formal and informal community supports.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)
- (c) SD Association of Community Based Services
- (d) DHS/Division of Developmental Disabilities

Objective 9.3 Inclusive Worship – By the end of FFY2011, a Best Practices in Inclusive Worship document will be developed and 300 copies disseminated.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☐ State Protection and Advocacy System
- (b) ☒ University Center(s)

Objective 9.4 Criminal Justice – By the end of FFY2011, the Criminal Justice/Human Services Handbook will be disseminated to 2000 professionals from both the human service and criminal justice fields and others.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)

Performance Targets by Year for Community Supports

		Federal Fiscal Year					Total
		2007	2008	2009	2010	2011	
CS01	Individuals receive formal/informal community supports						
CS02	Dollars leveraged for formal/informal community supports						
CS03	Programs/policies created/improved for formal/informal community supports						
CS04	People facilitated formal/informal community supports						
CS05	People trained in formal/informal community supports	300	200	100	100	100	800
CS06	People active in systems advocacy about formal/informal community supports	Now reported in QA06.					
CS07	People trained in systems advocacy about formal/informal community supports	Now reported in QA07					
CS08	Buildings/public accommodations became accessible						

		Federal Fiscal Year					
	PERFORMANCE TARGETS	2007	2008	2009	2010	2011	Total
CS09	Other: # of new learners using the College of Direct Support	200	200	200	200	200	1,000
	Total # of learners	2300	2400	2500	2600	2700	
CS10	Other: # of people provided with information and resources on community supports		150	1500	300	300	2,250
CS11	Other: # of people with DD estimated to benefit from CS activities supported by the Council.	2500	2500	2500	2500	2500	12,500

CROSS-CUTTING

Goal 10 Public relations materials produced and disseminated by the Council and Council grantees focused on “inclusion of people with developmental disabilities”.

Strategies used in achieving goal:

- ☐ Outreach
- ☐ Training
- ☐ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☒ Coordination with Related Councils, Committees and Programs
- ☐ Barrier Elimination, Systems Design and Redesign
- ☐ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

Objective 10.1 Information and Awareness – By the end of FFY2011, 10,000 South Dakotans will receive information and education on inclusion of people with developmental disabilities in their communities.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)

Objective 10.2 Education of Legislators and Public Policymakers – By the end of FFY2011, 750 legislators and public policymakers will receive information on topics of importance to people with developmental disabilities and their families.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)

Objective 10.3 Needs Assessments and Surveys – Through the end of FFY2011, the Council will work collaboratively with state and private agencies to gather information for planning purposes through the Core Indicators Project of the National Association of State Directors of DD Services and other assessments and surveys.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)
- (c) DHS/Division of Developmental Disabilities
- (d) DHS/Division of Rehabilitation Services
- (e) DHS/Division of Services to the Blind and Visually Impaired
- (f) SD Coalition of Citizens with Disabilities

Objective 10.4 DD Network Collaboration – Through the end of FFY2011, the Council will work collaboratively with DD Network partners (SD Advocacy Services and the Center for Disabilities) to develop a plan of action based on the DD Network Retreat and to implement three policies, procedures or activities.

Expected Year of Accomplishment: 2011

Intermediaries/Collaborators Planned for the Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☒ University Center(s)

Performance Targets by Year for CROSS CUTTING

		Federal Fiscal Year					
	PERFORMANCE TARGETS	2007	2008	2009	2010	2011	Total
CC01	Public policymakers educated by Council about issues related to Council initiatives	150	150	150	150	150	750
CC02	Copies of products distributed to policymakers about issues related to Council initiatives	300	300	300	300	300	1,500
CC03	Members of the general public estimated to have been reached by Council public education, awareness and media initiatives	2000	2000	2000	2000	2000	10,000
CC04	Other: # of needs assessments and surveys completed for planning purposes.	2	2	2	2	2	10
	# of people involved in responding to the surveys, etc.	500	500	500	500	500	2,500
CC05	Other: # of policies, procedures, activities as result of DD Network Retreat.		1	1	1		3

SECTION V: ASSURANCES.

MEMO TO: Regional Administrator
Administration For Children and Families
Attn: Developmental Disabilities Specialist
Re: Assurances Under Subtitle B of the Developmental Disabilities Assistance and Bill of Rights Act

I hereby make assurance that SOUTH DAKOTA will, for the period October 1, 2001 to September 30, 2006 be and remain in compliance with all required assurances in Section 124(c)(5) specified in **SUBTITLE B--FEDERAL ASSISTANCE TO STATE DEVELOPMENTAL DISABILITIES COUNCILS** of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15001 et seq.) P.L. 106-402

Print name of signatory authority: Wanda Seiler

Signature of signatory authority: Wanda Seiler

Agency of signatory authority: Dept. of Human Services, Division of Developmental Disabilities

Title of signatory authority: Division Director

Date of Signature: 08/17/06

1. IN GENERAL [Section 124(c)(5)(A)]

The plan shall contain or be supported by assurances and information described in subparagraphs (B) through (N) that are satisfactory to the Secretary

B. USE OF FUNDS [Section 124(c)(5)(B)(i)-(vi)]

With respect to the funds paid to the State under section 122, SOUTH DAKOTA assures that-

(i) not less than 70 percent of such funds will be expended for activities related to the goals described in paragraph (4);

(ii) such funds will contribute to the achievement of the purpose of this subtitle in various political subdivisions of the State;

(iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would otherwise be made available for the purposes for which the funds paid under section 122 are provided;

(iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;

(v) part of such funds will be made available by the State to public or private entities;

(vi) at the request of any State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to 1 /2 (or the entire amount if the Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any fiscal year, or \$50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and

- (vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that-
- (I) contribute to the achievement of the purpose of this subtitle; and
 - (II) are explicitly authorized by the Council.

(C) STATE FINANCIAL PARTICIPATION [Section 124(c)(5)(C)]

SOUTH DAKOTA assures that there will be reasonable State financial participation in the cost of carrying out the plan.

(D) CONFLICT OF INTEREST [Section 124(c)(5)(D)]

SOUTH DAKOTA assures that no member of such Council will cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.

(E) URBAN AND RURAL POVERTY AREAS [Section 124(c)(5)(E)]

SOUTH DAKOTA assures that special financial and technical assistance will be given to organizations that provide community services, individualized supports, and other forms of assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas.

(F) PROGRAM ACCESSIBILITY STANDARDS [Section 124(c)(5)(F)]

SOUTH DAKOTA assures that programs, projects, and activities funded under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in regulations and all applicable Federal and State accessibility standards, including accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), and the Fair Housing Act (42 U.S.C. 3601 et seq.).

(G) INDIVIDUALIZED SERVICES [Section 124(c)(5)(G)]

SOUTH DAKOTA assures that any direct services provided to individuals with developmental disabilities and funded under the plan will be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individual.

(H) HUMAN RIGHTS [Section 124(c)(5)(H)]

SOUTH DAKOTA assures that the human rights of the individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistent with section 109 (relating to rights of individuals with developmental disabilities).

(I) MINORITY PARTICIPATION [Section 124(c)(5)(I)]

SOUTH DAKOTA assures that the State has taken affirmative steps to assure that participation in programs funded under this subtitle is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.

(J) EMPLOYEE PROTECTIONS [Section 124(c)(5)(J)]

SOUTH DAKOTA assures that fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions taken under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and provide training

and retraining of such employees where necessary, and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

(K) STAFF ASSIGNMENTS [Section 124(c)(5)(K)]

SOUTH DAKOTA assures that the staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the Council in carrying out the duties of the Council under this subtitle and will not be assigned duties by the designated State agency, or any other agency, office, or entity of the State.

(L) NONINTERFERENCE [Section 124(c)(5)(L)]

SOUTH DAKOTA assures that the designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State plan development, or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d)(3).

(M) STATE QUALITY ASSURANCE [Section 124(c)(5)(M)]

SOUTH DAKOTA assures that the Council will participate in the planning, design or redesign, and monitoring of State quality assurance systems that affect individuals with developmental disabilities.

(N) OTHER ASSURANCES [Section 124(c)(5)(N)]

SOUTH DAKOTA assures that the plan shall contain such additional information and assurances as the Secretary may find necessary to carry out the provisions (including the purpose) of this subtitle.

SECTION VI: PROJECTED COUNCIL BUDGET

Budget Year 1: FFY 2007

Cost Categories – Areas of Emphasis, General and DSA Functions

CATEGORY	Subtitle B \$	Other(s) \$	TOTAL
1. Employment	15,000	5,000	20,000
2. Education & Early Intervention	5,000	1,667	6,667
3. Housing	5,000	1,667	6,667
4. Health	15,000	5,000	20,000
5. Child Care	0	0	0
6. Recreation	30,000	10,000	40,000
7. Transportation	5,000	1,667	6,667
8. Quality Assurance	175,000	58,333	233,333
9. Formal & Informal Community Supports	161,111	53,704	214,815
General management (Personnel, Budget/Finance/Reporting)	50,000	16,667	66,667
11. Functions of the DSA	0	0	0
12. TOTAL	461,111	153,705	614,816

Budget Year 2: FFY 2008

Cost Categories – Areas of Emphasis, General and DSA Functions

CATEGORY	Subtitle B \$	Other(s) \$	TOTAL
1. Employment	15,000	5,000	20,000
2. Education & Early Intervention	5,000	1,667	6,667
3. Housing	5,000	1,667	6,667
4. Health	15,000	5,000	20,000
5. Child Care	0	0	0
6. Recreation	30,000	10,000	40,000
7. Transportation	5,000	1,667	6,667
8. Quality Assurance	175,000	58,333	233,333
9. Formal & Informal Community Supports	161,111	53,704	214,815
General management (Personnel, Budget/Finance/Reporting)	50,000	16,667	66,667
11. Functions of the DSA	0	0	0
12. TOTAL	461,111	153,705	614,816

Budget Year 3: FFY 2009

Cost Categories – Areas of Emphasis, General and DSA Functions

CATEGORY	Subtitle B \$	Other(s) \$	TOTAL
1. Employment	15,000	5,000	20,000
2. Education & Early Intervention	5,000	1,667	6,667
3. Housing	5,000	1,667	6,667
4. Health	15,000	5,000	20,000
5. Child Care	1,315	438	1,753
6 Recreation	10,000	3,333	13,334
7 Transportation	5,000	1,667	6,667
8 Quality Assurance	275,000	91,667	366,667
9 Formal & Informal Community Supports	81,000	27,000	108,000
General management (Personnel, Budget/Finance/Reporting)	50,000	16,667	66,667
11. Functions of the DSA	0	0	0
12. TOTAL	462,315	154,105	616,420

SECTION VII: PUBLIC REVIEW OF THE STATE PLAN

Summarize the Council's process for public notice and public review and include a summary of the Council's response to public input and comments. Also summarize public involvement in the development of the plan.

Over the past 3 years, the Council has been sponsored or attended public forums related to the PLANS Grant, Regional Meetings on DD (follow-up to Alliance for Full Participation Summit), SD Advocacy Services Listening Session in Pine Ridge and at Partners Continuing Education Weekends and several smaller group sessions. In addition, the Council reviewed copies of the 2004 Survey of People with Disabilities, several childcare surveys, and the National Core Indicators Project Reports.

The Council disseminated a survey to people with developmental disabilities and their families and professionals from a variety of disciplines in order to ask what issues they felt were priorities. As the Council was developing its goals and objectives, these comments and recommendations were discussed and often included. 74 people responded to the survey - 11% were American Indian; 20% were people with developmental disabilities; 26% were family members; and 51% worked in the field of developmental disabilities.

A summary of the State Plan Survey results are as follows:

Employment

Areas of Most Concern: job development, systems barriers, supported employment, high school transition to community employment

Biggest Problems: transportation, finding good paying jobs, getting employers to hire people with DD

Working Best: job coaching, employers are more accepting of a worker with a disability, vocational rehabilitation assistance

How to impact: educating the public, train people with DD and their families, work to improve the design of services

Comments: From a worker in the DD field – The option of sheltered work is a barrier to employment in the community.

Housing

Areas of Most Concern: finding affordable housing, residential supports and services, making homes accessible, finding accessible housing

Biggest Problems: lack of choice, affordability, lack of integration, waiting lists

Working Best: range of support that promotes independence, having people with DD go directly to renting an apartment/home instead of being placed in group homes, greater public acceptance of people living in a private home versus a group home.

How to impact: educate the public, work to improve public policies, educate legislators and other policymakers

Comments: From a family member – I think that “homes” are much more important than “housing”.

Health

Areas of Most Concern: healthy lifestyles, respite for adults, health care, and prescription medicines

Biggest Problems: payment for prescription medicines, dental services, doctors and dentists willing to take people with DD, lack of qualified, available medical staff (including psychiatrists), providers dismissing people's health problems because they have a disability

Working Best: promoting healthier lifestyles including exercise, covered health care, having good staff working with people to recognize health problems right away

How to impact: educate legislators and other policymakers, work to improve public policies, educate the public

Comments: From a person with DD – People are thinking more for themselves, saying what had to be said to make themselves be heard.

Education and Early Intervention

Areas of Most Concern: services for adults 21 and older, preparing students for life after HS (transition planning), assistive technology, developmentally appropriate behavioral supports

Biggest Problems: schools/teachers not providing the services that students need, lifelong learning, schools don't differentiate between IEP and student, not enough information on what programs are available are forwarded to the public, appropriate IEPs

Working Best: assistive technology, early intervention programs, transition forums, expectations have increased although funding has not

How to impact: Educate legislators and other policymakers; educate the public, work to improve public policies

Comments: From a family member – The school system had very good models and programs for learning and training. These seem to lose their importance after age 21.

Child Care

Areas of Most Concern: affordable child care, child care close to my home or work, training for child care providers, access to inclusive child care facilities, respite care

Biggest Problems: finding providers, affordable providers that care for children with special needs, respite care providers (finding and affordability)

Working Best: Respite Care Program, Head Start, childcare assistance dollars

How to impact: Educate legislators and other policymakers; educate the public, work to improve public policies

Comments: From a family member – We need more training for family members or advocates to make sure they know what programs are available.

Recreation

Areas of Most Concern: community connections/supports, opportunities to develop relationships, recreation that includes people with and without disabilities

Biggest Problems: transportation, getting the general public to accept and engage people with DD during recreational activities, not enough staff to get recreation done, cost of participating in recreation programs

Working Best: Special Olympics, greater access thru better adaptive equipment, public sentiment and policy increasingly encourages healthy lifestyles,

How to impact: educate the public; educate legislators and other policymakers, training people with DD and their families, work to improve public policies

Comments: From a worker in the field of DD – Too much time of staff doing medical issues, paperwork, cleaning apartments and everyday life.

Transportation

Areas of Most Concern: accessible transportation, transportation within cities, rural transportation; weekend/evening/holiday hours not available

Biggest Problems: weekend/evening schedules, lack of services in rural areas, most places in SD don't have public transportation, accessible transportation

Working Best: better availability in cities, affordable rates, it is a known problem and support staff try very hard

How to impact: educate legislators and other policymakers, work to improve public policies; educate the public

Comments: From a worker in the field of DD – Keep funding rural transportation

Quality Assurance

Areas of Most Concern: information about available services, waiting lists for community services, leadership development, self-advocacy training

Biggest Problems: more counselors and training for programs for domestic violence and abuse; many people with DD don't understand their rights and are easily influenced, educating and empowering people to stand up for themselves, more community options

Working Best: training for people about their choices, we are becoming better informed, services more directed towards people's dreams and desires, Partners in Policymaking

How to impact: educate the public; educate legislators and other policymakers, work to improve public policies

Comments: From a worker in the field of DD – Develop staffing standards and advocate for increased pay for direct support personnel.

Formal and Informal Community Supports

Areas of Most Concern: systems barriers to community support, recruitment and retention of direct support professionals, training for direct support professionals, family support

Biggest Problems: lack of understanding, unaware of programs and available aid, no place to take people who are having problems with sexual issues and violence in the community, transportation, lack of options,

Working Best: Family Support Program, there is a willingness to comply with ramps, etc. in the community, more acceptance of people with disabilities by younger people in community, service agencies are starting to understand the needs and desires of individuals with disabilities and recognizing the appropriateness of personal choice, etc.

How to impact: educate the public; educate legislators and other policymakers, work to improve public policies, train direct support staff, service providers and other professionals

Comments: From a worker in the field of DD – We need to spend more energy evaluating and redesigning the system for people who are most vulnerable and require the most support. It seems like most of the action is being directed to the needs of people who are most capable and least vulnerable. That's not to say we should diminish activity for any group, but we need to increase activity and stimulate development for those who are being left behind.

A final draft of the State Plan will be made available on the Council's web site and notice provided through newsletters published by SD Advocacy Services, Center for Disabilities, SD Coalition of Citizens with Disabilities and SD Parent Connection. The Council welcomes comments anytime with regard to the state plan and/or proposed activities.

SECTION VIII: EVALUATION PLAN

Summarize the Council's plan for monitoring, reviewing and evaluating this State Plan at least annually.

The Council's monitoring, reviewing and evaluation of the State Plan will be a cooperative venture between the Council members, staff and other involved agencies and individuals as identified. The Council reviews the progress made toward each goal area of the plan specifically during its January meeting and discussion of the Annual Report. Grantees provide oral and/or written summaries of their projects with evaluation information.

This process provides the Council with information on an annual basis to make amendments to the plan as needed as well as assist in completion of the annual performance report.